Under the Paperwork Reduction Act of 1995,

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/588,189			ing Date 02/2006	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY 🛛				HER THAN
Т	FOR	l N	NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1 16(a), (b),	or (e))	N/A		N/A		N/A		1	N/A	
	SEARCH FEE (37 CFR 1 16(k), (i), a		N/A		N/A		N/A		1	N/A	
	EXAMINATION FE (37 CFR 1.16(o), (p),	Ε	N/A		N/A		N/A		1	N/A	
	TAL CLAIMS CFR 1.16(i))		minus 20 =				x \$ =		OR	x s =	
IND	EPENDENT CLAIM CFR 1.16(h))	IS	minus 3 =		•		X \$ =		1	X \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addi	If the specification and dra sheets of paper, the applic is \$250 (\$125 for small en additional 50 sheets or fra 35 U.S.C. 41(a)(1)(G) and		on size fee due for each n thereof. See						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))									1		
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		1	TOTAL	
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL ENTITY			OTHER THAN OR SMALL ENTITY	
AMENDMENT	02/14/2011	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16())	• 14	Minus	20	= 0	1	X \$26 =	0	OR	x s =	
	Independent (37 CFR 1.16(h))	· 2	Minus	<del></del> 3	- 0	1	X \$110 =	Ó	OR	X \$ =	
	Application Size Fee (37 CFR 1.16(s))								Г		
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					1			OR		
							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)											
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,160))		Minus		-	1	X \$ =		OR	X \$ =	
	Independent (37 CFR 1 16(h))		Minus	***	-	1	X \$ =		OR	X \$ =	
	Application Size Fee (37 CFR 1.16(s))					]			1		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 16(j))					1			OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
"If the entry in column 1 is less than the entry in column 2, write "o" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.											

Inter-official or all information is equined by 3D CFR. 11.6. The information is required to obtain or retain a benefit by the public width in its fifty and by the USFTO to proceed any expectation. Confidentiality is governed by 80 USF of 22 and 37 CFR. 11.4. The roof-tends in estimated to their bet 2 envirable to complete in proceed by 180 USF of 22 and 37 CFR. 11.4. The roof-tends in estimated to their 12 envirable to complete in proceeding publication, preparing, and submitting the completed application form to the USFPIO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete the form and/or suggestions for reducing the burden, should be sent to the CFR information CFRC. U.S. Patient and Trademark Office, U.S. Department of Commonic P.O. Box 1450, Alexandria, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.